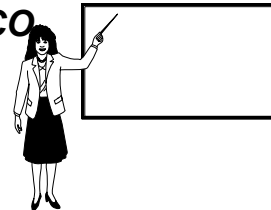# OWCP PACIFIC REGION - SAN FRANCISCO
FEC PROGRAM

Training For Federal Employing Agency Compensation Specialists
3-Day Basic ICS Workshop

ENROLLMENT FORM: **Complete the information below** (print clearly).

Please enroll the employee named below in the 3-day workshop scheduled in San Francisco for
_____ (dates). This employee has primary responsibility for handling Federal
workers' compensation claims at _____ (name of agency).

Authorizing Official's Signature: _____

Title: _____   *Date:* _____

Employee's Name: _____

Job Title: _____

Telephone Number: _____

Employee's injury compensation duties/responsibilities are (briefly): _____

_____

_____

Employee has been performing the above duties for approximately _____ (months/years).

Send enrollment acknowledgment to:

_____

_____

_____

_____

OWCP's return address is printed below
Make sure you send it to **ATTN: Technical Advisor/EA Training, 3-Day Workshop**.
To expedite the enrollment,
fax it to 415-848-6947, **ATTN: Technical Advisor/EA Training, 3-Day Workshop**.

United States Department of Labor
ESA/Office of Workers' Compensation Programs
71 Stevenson Street, P.O. Box 193769
San Francisco, CA 94119-3769

Rev. 02/04